

2.1.1 Treatment and Prevention Categories: Program Description, Context and Summary of Performance

Program Description and Context

Treatment and Prevention indicators have been combined in this section for several reasons including:

- the distinction between treatment and prevention is often blurred
- many health care programs provide both kinds of services
- approximately 90% of IHS resources are directed towards these activities
- monitoring for both is usually accomplished from the same data systems

In essence, prevention and treatment are our business and virtually all other activities are supportive to them. Combined they are the essence of IHS Strategic Objective 2: Provide Health Services and the means to accomplishing our Mission and Goal and IHS Strategic Objective 1: Improve Health Status. The indicators directly address the structure, process, and outcome of treatment and preventive services. While some of these measures such as the dental indicators 12 -15 and public health nursing indicator 22 can be closely linked to the funding request, most are less directly evident in their linkage to funding because they represent activities performed by staff from multiple disciplines who address multiple health problems. For a more detailed discussion of the limitations in funding linkages with indicators, see *Budget and Program Aggregation* on page 38 and Section A.4 on page 133 in the appendix of this document.

Ultimately, our performance in treatment and prevention activities will determine our level of success in improving the health of the AI/AN population. But setting one-year performance targets linked to funding is not a precise science. While we are on track to accomplish many of the treatment and prevention targets for FY 2001, several remain in question because of the growing difficulties in recruitment and retention of critical health care providers. Our ability to recruit additional health care providers and having the needed clinical space available to utilize them efficiently may not be realized in a single year. In some cases, investments in the supportive infrastructure are the highest priority for long-term effectiveness but will do contribute no measurable benefit in the short-run to increase access to services.

It is also important to keep in mind in reviewing performance indicators and performance results that the AI/AN population increases over two percent annually. Thus, service capacity must be increased over two percent just to remain at the same level of coverage each year for the indicators that set a target for the percent of the population covered.

For a more detailed discussion of the issues influencing performance accomplishment see the *FY 1999 Performance Summary* section beginning on page 24. In addition, a performance summary table precedes each section of indicators and the description of each individual indicator includes an assessment of estimated performance achievement for FY 2000. The budget category/programs that make up the Treatment and Prevention categories, along with their page reference in the budget are presented on the following page:

Treatment Aggregation

Hospitals and Clinics - supports inpatient and ambulatory care and support services such as nursing, pharmacy, laboratory, nutrition, medical records, etc (see page IHS-27 in FY 2002 budget document).

Dental Services - supports the provision of dental care through clinic based treatment and prevention services and community oral health promotion and disease prevention activities including water fluoridation and dental sealants (see page IHS-37 in FY 2002 budget document).

Mental Health - supports community oriented clinical and preventive mental health and social services programs (see page IHS-43 in FY 2002 budget document).

Alcohol and Substance Abuse - supports the efforts of tribes in the provision of holistic alcoholism and other drug dependency treatment, rehabilitation, and preventive services for individuals and families (see page IHS-51 in FY 2002 budget document).

Urban Indian Health - supports contracts and grants to 34 urban health programs funded under Title V of the Indian Health Care improvement Act (see page IHS-93 in FY 2002 budget document).

Indian Health Professions - supports self-determination and access to health care through efforts to enable AI/AN to enter health professions, and effective recruitment of health staff by providing scholarships, loan repayment, temporary employment, and health professions recruitment (see page IHS-99 in FY 2002 budget document).

Self-Governance- supports the Office of Tribal Self-Governance and Self-Governance Planning and Negotiating grants. (see page IHS-115 in FY 2002 budget document).

Contract Support - provides administrative costs for tribal managed programs in addition to what would have been provided under the direct provision of the program as authorized under Section 106(a) (2) of P.L. 93-638, the Indian Self-Determination Act, as amended (see page IHS-125 in FY 2002 budget document).

Prevention Aggregation

Public Health Nursing - supports the community-based Public Health Nursing program which provides treatment, counseling, health education, and referral activities carried out in such setting as homes, schools, jails, bars, and community centers in conjunction with a diversity of other health care providers (see page IHS-73 in FY 2002 budget document).

Health Education - supports activities directed towards promoting healthy lifestyles, community capacity building, and the appropriate use of health services through public health education targeted at school health, employee health promotion, community health, and patient education (see page IHS-77 in FY 2002 budget document).

Community Health Representative - supports the tribally administered program of training AI/AN community members in basic disease control and prevention. These activities include

serving as outreach workers with the knowledge and cultural sensitivity to effect change in community acceptance and utilization of health care resources and use community-based networks to enhance health promotion/disease prevention activities (see page IHS-81 in FY 2002 budget document).

Alaska Immunization Program - supports the Alaska immunizations program to address hepatitis and haemophilous influenzae through collaboration with the CDC (see page IHS-85 in FY 2002 budget document).

Environmental Health Support - supports the IHS injury prevention program that coordinates and provides grants for primary preventive community-based collaborative programs using epidemiologically defined problem identification and evaluation methods (see page IHF-39 in FY 2002 budget document).